

The following information is required to process this Wage Claim:

- Employer's name and mailing address.
- The gross amount you are claiming.
- Length of employment.
- Type of claim.
- Dates, times, and hours of non-payment of wages.
- Signature.

This claim cannot be accepted if:

- You are claiming minimum wage or overtime required by federal law. Please contact the U.S. DOL in Indianapolis at 317-226-6801 or in South Bend at 574-236-8331.
- The amount claimed represents payment for time not actually worked.
- The amount claimed represents payment for supplementary compensation not subject to Indiana law such as holiday or sick pay.
- Your former employer has filed for bankruptcy protection.
- The employer is not located in the State of Indiana.
- You worked as an independent contractor.
- The gross amount of your claim is less than \$30.00.
- The gross amount of your claim is more than \$6,000.00; unless you are claiming unpaid minimum wage or overtime under Indiana law.
- You have already initiated private legal action to recover the wages claimed.
- If criminal charges are pending regarding your employment.
- You were employed by the State of Indiana (Please contact State Personnel).
- You were a member of a collective bargaining unit (If you were a union member, talk with your business agent or the National Labor Relations Board).
- The claim is against a business in which you were a partner or owner.

If the Wage Claim is accepted, an initial correspondence will be sent directly to your employer. Your employer will have two (2) weeks to either mail a check directly to you or dispute the amount claimed.

If your employer disputes the amount claimed, the Indiana Department of Labor will make a determination based upon the evidence presented. If a determination cannot be made, you will receive notice along with a letter suggesting you seek legal counsel and/or pursue the claim in the appropriate court.

If no response is received, a final notice is sent to your employer allowing one (1) week for response.

If no response is received after the final notice, a copy of the Wage Claim file will be sent to you along with a letter suggesting that you seek legal counsel and/or pursue the claim in the appropriate court.

The Indiana Department of Labor accepts Wage Claims as a voluntary mediation process between you and your former employer. We cannot guarantee any compensation.

PLEASE NOTE: If you are filing a claim against your current employer, the Indiana Department of Labor provides no protection should you be terminated as a result of this claim.



Signed

| Wage Claim # | |
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Indiana Department of Labor Wage and Hour Division 402 West Washington Street, W195 Indianapolis, IN 46204

| (Please type or print your response and be sure to answer all questions) | | | | | | | | |
|--|------------------------|-------------------------|----------------|------------|-------------------|---------------------------|--|--|
| Employee | | | Employer | | | | | |
| Name | | ٨ | Name | | | | | |
| Address | | , | Address | | | | | |
| City | | C | City | | | | | |
| State, Zip | | s | State, Zip | | | | | |
| Telephone | | | Telephone | | | | | |
| Amount of Claim \$ | Le | ength of Employment: | From | | То | | | |
| Address Where Work Was Performed: | | | | | | | | |
| Reason for Leaving Employment: | | | | | | | | |
| Reason Given For Non-Payment | | | _ | | | | | |
| Wage Agreement: Hourly | \$ Sala | ry \$ | Commission | \$ | Piece R | ate \$ | | |
| Type of Claim: Check box(s) | Minimum Wage Complaint | Non-Payment of Overtime | Non-Payment of | · Vacation | Payroll Deduction | Non-Payment of Paycheck(s | | |
| INSTRUCTIONS: (1) Show, mathematically, how you calculated the amount of your claim (2) Be sure to list the dates of non-payment, including hours worked each day with beginning and ending times (3) Attach your supporting documentation behind this form | | | | | | | | |
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| <u>Incomplete Forms</u> Any incomplete Application For Wage Claim will be returned to its sender in its entirety without any action t Department. | | | | our | Date Recei | ved (Office Use Only) | | |
| Disclaimer The Department of Labor has the right to reject this claim at any time if, in the judgement of the Commissioner of Labor, said claim is not valid and enforceable in the courts. | | | | | | | | |
| Declaration I hereby certify under the penalty of perjury that the above statements are true and that I will testify to same before a court of law, if necessary to collect the amount due to me. Pursuant to IC 22-2-9-5, I hereby assign to the Commissioner of Labor all my rights, title and interest in and to the above certified claim for processing in accordance with the provisions of IC 22-2-9-1, et seq. | | | | | | | | |

Dated